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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report	<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee The Lukens Company		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 17 / 2016</div> </div>	
Mailing Address 2800 Shirlington Rd		Amount <div> <div>19689.08</div> </div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.6636 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 17 / 2016</div> </div>
Purpose of Expenditure Mailer	Category/ Type	006	
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought	<div> <div>260246.05</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee The Lukens Company		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 17 / 2016</div> </div>	
Mailing Address 2800 Shirlington Rd		Amount <div> <div>19689.08</div> </div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.6638 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 17 / 2016</div> </div>
Purpose of Expenditure Mailer	Category/ Type	006	
Name of Federal Candidate KANDER, JASON, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>68081.25</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	39378.16
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date _____

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Mail Haus		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016	
Mailing Address 1745 Suburban Drive		Amount 17810.92	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.6631
Purpose of Expenditure Postage for Mailer		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2016
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 240556.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee The Mail Haus		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016	
Mailing Address 1745 Suburban Drive		Amount 17810.92	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.6634
Purpose of Expenditure Postage for mailer		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2016
Name of Federal Candidate KANDER, JASON, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 48392.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	35621.84
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	75000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 19 / 2016

Signature